

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

9407-62-036573

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

FILED OCT 1 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 56 Years		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 5860 Sunshine Drive	
3. NAME OF DECEASED (Type or print) First Middle Last Helen Naomi (Holt) Patton		4. DATE OF DEATH Month Day Year September 29, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Physicians Office	
11a. FATHER'S NAME George B. Holt		11b. MOTHER'S MAIDEN NAME Rachel Bailey	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. None	
14. INFORMANT Address Mrs Mildred E. Trotter 5860 Sunshine Drive		15. NAME OF HUSBAND OR WIFE Alfred Chester Patton	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF SIGMOID COLON DUE TO (b) WITH GENERALIZED METASTASES DUE TO (c) 153.3		INTERVAL BETWEEN ONSET AND DEATH 1-5-57 6-29-62	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 10-5-62		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-5-57 to 6-29-62 and last saw her alive on 6-29-62 Death occurred at 2 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rachel Bailey MD		22b. ADDRESS 6356 Clayton Rd. St. Louis 17 Mo	
22c. DATE SIGNED 10-1-62		22d. DATE RECD. BY LOCAL REG. OCT 1 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)		23b. DATE 10/1/62	
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery		23d. LOCATION (City, town, or county) (State) Owensville, Missouri	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		25. REGISTER'S SIGNATURE Robert Smith, M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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2 **202**
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58

Dr.Drennon Bailey

Mo.Theatra Bldg

Je.3-6643

2 to 6 P.M.

6356

Mar 7-3834

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Joseph E. McCullon

Licensed Embalmer No. 2460

P. O. Address 6170 Dillman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.